



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800001**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PILSUDSKI POL.AMER.CITZN.CLUB SOUTHBRIDGE  
INC**

DOING BUSINESS AS

ADDRESS: **18 BALLARD CT.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **OBUCHOWSKI,  
DALE**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**MAIN BLDG HAS TWO FLOORS, FIRST FLOOR HAS FOUR ROOMS, SECOND FLOOR HAS  
FOUR ROOMS, PAVILLION HAS THREE ROOMS IN REAR OPEN ALL SIDES**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**041-72-8935**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800002**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **1988 FIVE STAR CORPORATION**

DOING BUSINESS AS **LYNDA'S**

ADDRESS: **037-39 CENTRAL ST.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **RAPOSE, STEVEN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR WITH TWO ROOMS, AND CELLAR FOR STOCK**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**042-99-2998**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800003**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HENRY'S CAFE OF SOUTHBRIDGE INC.**

DOING BUSINESS AS

ADDRESS: **16 CENTRAL STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **KEYES, JAMES**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY BRICK BLDG, ONE FLOOR, THREE ROOMS AND CELLAR FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**043-25-6296**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800010**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LEONIDE J. LEMIRE POST #6055 V.F.W. INC.**

DOING BUSINESS AS

ADDRESS: **219 EVERETT STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **PROULX,  
MATTHEW**

TYPE OF LICENSE: **Veterans club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR, SEVEN ROOMS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**046-12-6746**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800013**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SEVENGAITS LLC**

DOING BUSINESS AS

ADDRESS: **150 CENTRAL STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **KASPERSON,  
DEMETRI A.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR HAS TWO ROOMS INCLUDING DINING ROOM WITH BAR AND LOUNGE, ART GALLERY DOWNSTAIRS; BASEMENT FOR STORAGE, TOTAL DIMENSIONS 33 X 88**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**651-30-9574**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800019**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ARAMARK CORPORATION**

DOING BUSINESS AS **SOUTHBRIDGE HOTEL & CONFERENCE CENTER**

ADDRESS: **14 MECHANIC ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **CAMERON,  
KIMBERLY**

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB  
SEPARATED BY COURTYARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM,  
NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**952-05-1630**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800021**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SUMMA INC**

DOING BUSINESS AS **MARIO'S REST & THE RED GARTER PUB**

ADDRESS: **52 CENTRAL STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **MOYNAGH, RITA** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE ROOM, STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR FOR STORAGE.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**042-86-1482**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800022**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PANDA GARDEN LLC**

DOING BUSINESS AS **PANDA GARDEN**

ADDRESS: **102- MECHANIC ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **CHIENG,BARRY B.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FOUR ROOMS ON FIRST FLOOR, CELLAR FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**586-56-6989**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800025**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **K. KITA, INC**

DOING BUSINESS AS **LAZO'S CAFE**

ADDRESS: **0005-7 MILL ST.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **LAZO, SCOTT S**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR HAS TWO ROOMS AND STOCK ROOM,BASEMENT HAS ONE ROOM PLUS STOCK ROOM**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**033-48-9863**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800026**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **FRATERNAL ORDER OF EAGLES INC.**

DOING BUSINESS AS

ADDRESS: **59 MILL STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **BENOIT, BRUCE** TYPE OF LICENSE: **Club**  
**E. SR.**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**TWO FLOORS, FIRST HAS FOUR ROOMS, SECOND HAS FOUR ROOMS WITH CELLAR FOR STORAGE ..TO INCLUDE OUTDOOR AREA**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**041-85-1912**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800027**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **I.T.A. INC.**

DOING BUSINESS AS

ADDRESS: **20 NORTH ST.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **LENTI, UMBERTO** TYPE OF LICENSE: **Restaurant**  
**A.**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR INCLUDES HALL AND KITCHEN, CELLAR FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**046-15-1666**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800028**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **COHASSE COUNTRY CLUB INC.**

DOING BUSINESS AS

ADDRESS: **426 EASTFORD RD**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **Mallon, John**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**CLUB HOUSE, LOCKER HOUSE AND GROUNDS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**041-18-9280**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800029**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **IMPROVED ORDER OF REDMEN NIPMUCK TRIBE**

DOING BUSINESS AS

ADDRESS: **328 MAIN ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **REYES, JOSE**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR, ONE ROOM, CELLAR FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**001-02-9030**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800030**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MOLINA GROUP,INC.**

DOING BUSINESS AS **THE LOUNGE**

ADDRESS: **011-17 PLEASANT ST.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **MOLINA, JESUS M.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FIVE ROOMS ON FIRST FLOOR,STORAGE IN BASEMENT.PLEDGE OF INVENTORY.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**204-65-7107**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800031**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ARMAND PUB, INC.**

DOING BUSINESS AS **WELCOME INN**

ADDRESS: **076-78 PLEASANT ST.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **FOURNIER,PATRI** TYPE OF LICENSE: **Restaurant**  
**CIA L.**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**THREE ROOMS ON FIRST FLOOR,ONE ENTRANCE IN MAIN ROOM, ONE EXIT IN EACH ROOM AND STORAGE IN CELLAR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**011-26-6122**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800033**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DETRIANA CORP.**

DOING BUSINESS AS

ADDRESS: **487 WORCESTER ST.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **Clark, Shawn**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FOUR ROOMS ON FIRST FLOOR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**023-36-6253**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800034**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KHUSHBU,INC.**

DOING BUSINESS AS **QUICK CORNER**

ADDRESS: **67 CENTRAL ST.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **PATEL,PLPESH A.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**TWO ROOMS PLUS ONE STORAGE ROOM AND AN OFFICE. 3 EXITS - ONE AT FRONT OF  
STORE, ONE IN THE OFFICE AND ONE BEHIND THE STORAGE ROOM.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**043-41-7711**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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Alcoholic Beverages Control Commission  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800035**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **F.S.D. 24, INC.**

DOING BUSINESS AS **LIPPE'S PACKAGE STORE**

ADDRESS: **200 MECHANIC STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **FINNEGAN,  
JOSEPH P.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FOUR ROOMS CONSISTING OF THE LIQUOR STORE,THE GROCERY**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**043-51-9360**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800037**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BALAJI,INC.**

DOING BUSINESS AS **THOMAS VARIETY CONVENIENCE**

ADDRESS: **58 E MAIN ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **SWADIA,  
KRISHNAKANT K.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR VARIETY STORE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**043-57-9415**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800038**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **K & D BIG DISCOUNT LIQUORS LLC**

DOING BUSINESS AS **BIG DISCOUNT LIQUORS**

ADDRESS: **425 E MAIN ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **MAYO, DAVID K.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**SALES ROOM AND STORAGE AREA ON FIRST AND SECOND FLOOR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**651-30-9719**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800040**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SUMUKH INC**

DOING BUSINESS AS **ONE STOP CONVENIENCE STORE**

ADDRESS: **769 WORCESTER STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **PATEL,SNEHAL A.** TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**APPROX 1300 SF ON FIRST FLOOR WITH AN ENTRANCE IN FRONT AND AN EMERGENCY  
EXIT IN THE LEFT REAR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**202-46-2432**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800043**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Jay Pancham, Inc**

DOING BUSINESS AS **JIM'S LIQUORS**

ADDRESS: **916 MAIN ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **PATEL, GOVIND I.** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR STREET LEVEL FOR SALES,BASEMENT FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**121-80-0043**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800045**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BIG BUNNY MKT,INC.**

DOING BUSINESS AS

ADDRESS: **942 W MAIN ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **COURNOYER,  
JONATHAN H.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR SUPERMARKET**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**042-83-2244**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800047**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ALEXANDER V. KAMIZIREDES**

DOING BUSINESS AS **GOLDEN GREEK RESTAURANT**

ADDRESS: **6 SANDERSDALE RD.**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR INCLUDES LOUNGE, 2 DINING ROOMS, KITCHEN AND ADDITIONAL ROOM FOR FOOD PREP AND STORAGE. CELLAR FOR STORAGE, FRONT ENTRANCE TO DINING ROOM, REAR ENTRANCE TO DINING AREA**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**029-32-5328**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

LOCAL LICENSING AUTHORITY

DISAPPROVED: ☐

By:

(If disapproved explain)

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800048**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **C.G.K. RESTAURANT, INC.**

DOING BUSINESS AS

ADDRESS: **55 CENTRAL ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **KONSTANTAKIS, SOPHIA**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR RESTAURANT, 15 TABLES, NO ALCOHOLIC BEVERAGES TO BE CONSUMED ON PREMISES. CARRY OUT ONLY**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**043-45-8566**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800049**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **WORLD SPIRITS, INC.**

DOING BUSINESS AS **COLONIAL SPIRITS**

ADDRESS: **543 MAIN ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **CHARBONNEAU, COLLEEN M.** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FOUR ROOMS, ONE STORY BLDG WITH THREE DOORS. FRONT ENTRANCE AND EXIT,  
SIDE EXIT OVERHEAD DOOR ON LOADING DOCK**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**043-52-7651**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800053**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MAQUI, INC.**

DOING BUSINESS AS **THE CHENEY STEAK HOUSE RESTAURANT**

ADDRESS: **61 CHESTNUT STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **SANTAZAYAS,  
NARCISCO**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR, ONE ROOM FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**581-78-8463**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800055**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **THE TWELVE CRANE STREET CORP**

DOING BUSINESS AS

ADDRESS: **12 CRANE ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **McCARTHY,  
JOHN GABRIEL**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**CONCRETE STRUCTURE WITH 2 FLOORS AND 4 ENTRANCES/4 EXITS.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**210-16-5855**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800057**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MARIA MOURATOGLU**

DOING BUSINESS AS **GREAT OAK PIZZA**

ADDRESS: **922 WEST MAIN STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**ONE DINING ROOM, ONE KITCHEN, ONE STORAGE ROOM AND TWO BATHROOMS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**042-99-8382**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800060**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LISA ANN KRACH**

DOING BUSINESS AS **VIENNA**

ADDRESS: **14 SOUTH ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **KRACH, LISA ANN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Cordials**

DESCRIPTION OF LICENSED PREMISES:

**3 STORY BUILDING WITH REST LOCATED ON FIRST FLOOR WITH MEETING ROOM ON  
THE SECOND FLOOR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**010-75-7043**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800061**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SETH A. LOCONTO**

DOING BUSINESS AS **MILL STREET BREWS**

ADDRESS: **18 MILL STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Cordials**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**032-60-5484**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN [SOUTHBRIDGE](#)

LICENSE NUMBER: [121800062](#)

APPLICATION FOR RENEWAL:

[Annual](#)

LICENSED FOR [2013](#)

CLASS

YEAR

LICENSEE NAME: [Peter Desforges](#)

DOING BUSINESS AS [858 Main](#)

ADDRESS: [858 Main St](#)

CITY/TOWN [SOUTHBRIDGE](#)

STATE: [MA](#)

ZIP CODE: [01550](#)

MANAGER: [Desforges, Peter](#)

TYPE OF LICENSE: [Restaurant](#)

CATEGORY: [All Alcohol](#)

DESCRIPTION OF LICENSED PREMISES:

[three rear exits, two front entrances](#)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

[262-09-1452](#)

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800063**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Reynaldo Navarro**

DOING BUSINESS AS **FAMILY MARKET**

ADDRESS: **351 Hamilton ST**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **Navarro, Reynaldo**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**first floor of a mixed use bldg. Customer entrance is through front door, emergency exit toward back**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**584-86-3812**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800064**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Chen's Dynasty, Inc**

DOING BUSINESS AS **Dynasty Chinese Restaurant**

ADDRESS: **344 Main St**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **Chen, Hsiu-Hua**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**DESCRIPTION OF LICENSED PREMISES:**

**one room with an entrance at the front and two exits at the rear. Approx 2500 sq ft of floor space**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**205-31-2058**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **SOUTHBRIDGE**

LICENSE NUMBER: **121800065**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ESTEBAN A VERAS**

DOING BUSINESS AS **LOS HERMANOS MINI-MARKET**

ADDRESS: **101 CENTRAL STREET**

CITY/TOWN **SOUTHBRIDGE**

STATE: **MA**

ZIP CODE: **01550**

MANAGER: **VERAS, ESTEBAN A.** TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**CONVENIENCE STORE WITH ONE MAIN ENTRANCE IN FRONT AND WAREHOUSE EXIT DOOR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**043-53-1543**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)